PERSONAL MASSACHUSETTS CRIMINAL RECORD REQUEST FORM

If you would like a copy of your own Massachusetts criminal record, complete this form, sign it in front of a notary public, and mail it, along with a check or money order made payable to the Commonwealth of Massachusetts in the amount of $25.00 pursuant to M.G.L. c.6, s172A and a self-addressed stamped envelope to this agency. If you are indigent you may apply for a fee-waiver pursuant to the provisions of M.G.L. c.261, s27A, please see the fee-waiver criteria below or visit our website at www.mass.gov/chsb. Walk-in service is not available. If you are incarcerated and a notary is not available, have an official of the corrections facility endorse same. This agency's mailing address is: the Criminal History Systems board, 200 Arlington Street, Suite 2200, Chelsea, MA 02150 ATTN: CORI Unit.

Please be advised that it is unlawful to request or require a person to provide a copy of his criminal offender record information, except as authorized by the Criminal History Systems Board, as per M.G.L. c.6, s172.

_____

Last name First name Middle name

_____

Maiden name Alias

_____

Date of birth (MM/DD/YY) Social Security Number (requested but not required)

_____

Mailing address Town State Zip code

I hereby swear, under the pains and penalties of perjury, that the information I have provided above is true, and to the best of my knowledge and belief.

_____

Signature of requestor

AUTHENTICATION OF SIGNATURE BY NOTARY PUBLIC OR CORRECTIONAL FACILITY

_____ss.

The above-named_____appeared before me, the undersigned authority, this _____day of_____200___and acknowledged the foregoing signature to be made of his/her own true free act and deed.

_____ _____

Notary Public Correctional Facility Official (give rank and title)

_____ _____

My Commission expires Correctional Facility Address and Phone